



Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

April 16, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Sebastian's Table, 126 North 14<sup>th</sup> Street requesting a class I liquor license.

Eric Hustad, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Eric Hustad was born in Lincoln, Nebraska. He attended The Art Institute of Seattle graduating in 2009.

Eric Hustad employment history is as follows:

2011 - Present	Owner, Ground Up Restaurants	Lincoln, NE.
2010	Chef, Venue	Lincoln, NE.
2009	Chef, Bread & Cup	Lincoln, NE.

The applicant has been informed on required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



Trade Name (doing business as)

Sebastian's Table

Street Address #1

126 N. 14<sup>th</sup> St.

Street Address #2

N/A

City

Lincoln

County

Lancaster

Zip Code

68508

Premise Telephone number

(402) 770-1403

E-mail

erik@grounduprestaurants.com

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name

Erik Hustad

Street Address #1

854 N. 70<sup>th</sup>

Street Address #2

N/A

City

Lincoln

State

NE

Zip Code

68505

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length

feet

} - SEE ATTACHMENT

Width

feet

Is there a basement? Yes ☐ No ☒ THE Building Has a basement But it is a separate tenant  
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

1st approx

Floor

40' x 94'

plus

and 2nd floor

approx 40' x 128'

plus patio approx 24' x 6'

14<sup>th</sup> Street



Alleyway



**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
N/A				

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number N/A

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number N/A

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) Union Bank & Trust / Kent & Sarah Lovelace

Parents

Marriage information must be completed below. PLEASE PRINT CLEARLY.

Gender: ☒ MALE ☐ FEMALE

Last Name: Hustad First Name: Erik MI: C

Home Address (include PO Box if applicable): 321 Wedgewood Dr.

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: (402) 770-1403 Business Phone Number: (402) 770-1403

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

☒ YES

☐ NO

Spouses Last Name: Hustad First Name: Jessica MI: A

Social Security Number: \_\_\_\_\_ Drivers License Number & State: NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Sioux Falls South Dakota

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Erik - Lincoln NE	1982	2007	Jessica - Lincoln NE	2002	2007
Erik - Seattle WA	2008	2010	Jessica - Seattle WA	2007	2010
Erik - Lincoln NE	2010	Present	Jessica - Lincoln NE	2010	Present



WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH,  
IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE  
DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR  
VITAL RECORDS.

DATE OF ISSUANCE  
**JAN 18 1996**  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
NEBRASKA DEPARTMENT OF HEALTH

STATE OF NEBRASKA - DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF LIVE BIRTH

128- 82

CHILD - NAME FIRST MIDDLE LAST <b>Erik Christopher Hustad</b>		SEX <b>Male</b>	DATE OF BIRTH (Month, Day, Year) <b>12 22</b>
PLACE OF BIRTH <b>Lincoln, Nebraska</b>		COUNTY OF BIRTH <b>Lancaster</b>	
HOSPITAL - NAME (If not in hospital, give street and number) <b>St. Elizabeth Comm. Health Ctr.</b>		DATE SIGNED (Month, Day, Year) <b>12/17/92</b>	
SIGNATURE OF REGISTRAR <i>[Signature]</i>		ADDRESS <b>301 S. 70th, Lincoln, Nebraska 68510</b>	
CERTIFIER - NAME AND TITLE (Type or print) <b>D. Hodge, M.D.</b>		DATE RECEIVED BY REGISTRAR <b>DEC 8 1992</b>	
MOTHER - MARDEN NAME FIRST MIDDLE LAST <b>Jane Ellen Musselman</b>		CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) <b>Lincoln, Nebraska</b>	
RESIDENCE - STATE <b>Nebraska</b>		STREET AND NUMBER <b>4320 S. 60th</b>	
MOTHER'S MARITAL ADDRESS - Enter if not same as residence CITY, TOWN, OR LOCATION <b>Lincoln 68516</b>		AGE (At time of birth) <b>33</b>	
FATHER - NAME FIRST MIDDLE LAST <b>Gary James Hustad</b>		CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) <b>Powers Lake, N. Dakota</b>	
SIGNATURE OF FATHER <i>[Signature]</i>		RELATION TO CHILD <b>Mother</b>	

STATE OF SOUTH DAKOTA  
DEPARTMENT OF HEALTH  
CERTIFICATE OF LIVE BIRTH

140-83-  
BIRTH NUMBER

COUNTY FILE NUMBER		FIRST		MIDDLE	LAST	SEX	DATE OF BIRTH (Mo., Day, Yr.)		HOUR	
		Jessica		Ailene	HAGGAR	2. Female	3a. -		2:15 PM	
CHILD	1. CHILD NAME					CITY, TOWN OR LOCATION OF BIRTH		COUNTY OF BIRTH		
	4a. Sioux Valley Hospital					4b. Sioux Falls		4c. Minnehaha		
CERTIFIER	4a. Hospital Name (If not at hospital, give street and number)					DATE SIGNED (Mo., Day, Yr.)		NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)		
	5a. (Signature) Dean L. Madison, M. D.					5b. 10-25-1983		5c. M.D.		
	CERTIFIER - NAME AND TITLE (Type or print)					MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	5d. Dean L. Madison, M. D.					5e. Sioux Falls, South Dakota				
MOTHER	6a. (Signature) Regina A. Clelland					DATE RECEIVED BY REGISTRAR (Month, Day, Year)				
	6b. October 28, 1983					6c. Staff Assistant				
	MOTHER - MAIDEN NAME					AGE (At time of this birth)		STATE OF BIRTH (If not in U.S.A., name country)		
	7a. Charlene					7b. 34		7c. South Dakota		
	RESIDENCE - STATE					STREET AND NUMBER OF RESIDENCE		INSIDE CITY LIMITS (Specify yes or no)		
8a. So. Dak.					8b. Minnehaha		8c. Sioux Falls		8d. 4409 South Lewis	
FATHER	MOTHER'S MAILING ADDRESS - If same as above, enter Zip Code only					AGE (At time of this birth)		STATE OF BIRTH (If not in U.S.A., name country)		
	9. FATHER - NAME					10a. 34		10b. Iowa		
	10a. Edward Thomas Hagggar, Jr.					RELATION TO CHILD		11b. Mother		
11a. (Signature of Parent or other authorized person) Mrs. Edward T. Hagggar, Jr.										